| District or Township or Village City Phoenix, No. 707 So. 1st. Av (If death occurred in a hospital or institution, give its NAME instead of street and num 2 FULL NAME FORTEST Glemn Hinshaw (a) Residence, No. 707 So. 1st. Ave. (Brush place of abode) Length of residence in city or town where death occurred yra. mos. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR or RACE 5. SINGLE MARRIED, WIDOW. Write the word? (Write the word? (A) If married, widowed, or divorced HUSBAND of (or) Wife of | County Maricopa State | Arizona State File No. 122 |
|--|--|--|
| Gty Phoenix, No. TOT SO IST. AV. (If death occurred in a hospital or institution, give its NAME instead of street and num. 2 FULL NAME FORTEST Glefin Hinshaw (a) Residence, No. 707 SO. 1St. Ave. (b) Legath of residence in city or town where death occurred of residence in city or town and State) (c) Legath of residence in city or town where death occurred of the state of the | | Local Registrar's No. |
| FULL NAME FOTPEST Glemn Hinshaw (a) Residence, No. 707 So. 1st. Ave. (b) Residence, No. 707 So. 1st. Ave. (c) Residence, No. 707 So. 1st. Ave. (lumal place of abode) Length of residence in city or town where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX | | 1st Av |
| (a) Residence, No. 707 So. 1st. Aye. (Bould place of abode) Length of residence in city or town where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR or RACE 5. SINGLE, MARRIED, WIDOW- ED or DIVORCED. MB1e White Divorced Divorced HUSBAND of (or) Wife of de word) 5. If married, widowed, or divorced HUSBAND of (or) Wife of de word) 7. AGE Year Months Day TILESS than 1 day have min. 8. OCCUPATION OF DECRASED (a) Trade, profession, or particular kind of work of the profession, or particular kind of work of the profession of the profession of particular kind of work of the profession of the profession of particular kind of work of the profession of the | (If death occu | |
| Content of residence in city or town where death occurred yrs. mos. Content of residence in city or town where death occurred yrs. mos. Content of residence in city or town where death occurred yrs. mos. Content of residence in city or town and State) | 2 FULL NAME Forrest Glein Hinshaw | |
| Clause December Clause December Tro. | (a) Residence, No. 707 So. 1st. Ave. | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR or RACE 5. SINGLE, MARRIED, WIDOW ED or DIVORCED. (Write the word) 16. DATE OF BEATH. Oct. 23. 1929 17. HEREBY CERTIFY, That I attended deceased HUSBAND of 18. DATE OF BIRTH (month, day and year) May 2, 1895 7. AGE 7. AGE 19. J 10. DATE OF BIRTH (month, day and year) May 2, 1895 13. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or cetabilishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (State or country) 10. NAME OF FATHER 11. BIRTHPLACE (city or town) (State or country) 12. MAIDEN NAME OF MOTHER 11. (city or town) (State or country) 13. BIRTHPLAGE OF MOTHER 11. (city or town) (State or country) 14. (Address) 70. So. 1st. Av. Breshton, Collo. MEDICAL CERTIFICATE OF DATH 16. DATE OF DEATH 16. DATE OF DEATH 17. HEREBY CERTIFY, That I attended deceased 17. HEREBY CERTIFY, That I attended deceased 18. DATE OF DEATH 19. J ft | | (If non-resident, give city or town and State) |
| 18. COLOR or RACE Male White See Mynored Write the word) Divorced 19. Date of Death Oct. 25. 1929 19. Month Bay Y 17. HereBy Certify, that I attended deceased HUSBAND of for BIRTH (month, day and year) May 2, 1895 7. AGE Years Months Bookekeener 8. OCCUPATION OF DECEASED (a) Trade, profession, or perfections rise of entitioners in which employed for employer 9. BIRTHPLACE (city or town) (State or country) 10. NAME OF FATHER 11. BIRTHPLACE (city or town) (State or country) 12. Maiden NAME OF MOTHER 11. (city or town) (State or country) Manuel Of Father 11. (city or town) (State or country) (Sta | | ds. How long in U.S. if of foreign birth? yrs. mos. |
| M81e White Divorced 5a. If married, widowed, or divorced HUSBAND of (or) Wife of (| | |
| Mele White Divorced 5s. It married, wildowed, or divorced HUSBAND of (or) Wife of 6. DATE OF BIRTH (month, day and year) May 2, 1895 7. AGE Years Months Days R LESS than 1 day has been deep to that I last saw hit A slive in 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 5. SINGLE, MARRIED, WIDOW- ED or DIVORCED. | |
| Sa. If married, widowed, or divorced HUSBAND of (or) WiFe of 6. DATE OF BIRTH (month, day and year) May 2, 1895 7. AGE Years Months Days The LESS than 1 day hrs. 8. OCCUPATION OF DECRASED (a) Trade, profession, or BOOK EXCETTER (b) General nature of industry, business or establishment in which employed (or, employer) (c) Name of employer 9. BIRTHPLACE (sity or town) SCI 1018 10. NAME OF FATHER J. R. Hinshaw (State or country) IOWA 11. BIRTHPLACE (sity or town) (sity or town) 12. MAIDEN NAME OF MOTHER FAMILIA A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) 12. MAIDEN NAME OF MOTHER FAMILIA A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) 14. Hinshaw (State or country) (State or country) 15. R. Hinshaw (city or town) (State or country) 16. That I strended deceased (A. Trade, profession, to the date stated above, at the Carost of Decease of Decay and the date stated above, at the Carost of Decay and the date stated above, at the Carost of Decay and the date stated above, at the Carost of Decay of Decay and the date stated above, at the Carost of Decay of | | 17. |
| that I last saw his. alive on the date stated above, at the CATSE OF BIRTH (month, day and year) May 2, 1895 7. AGE Year Months Days To LESS than I day have the carried above, at the CATSE OF DEATH's was as follows: 8. OCCUPATION OF DECRASED (a) Trade, profession, or Book Exception (b) General nature of industry, business or establishment in which employed (or employer) 9. BIRTHPLACE (city or town) Sellola (State or country) Towa 10. NAME OF FATHER J. R. Hinshaw (state or country) (state or country) (city or town) 11. BIRTHPLACE OF FATHER III. (city or town) 12. MAIDEN NAME OF MOTHER EMMA A. Grisson (State or country) (State or country) (city or town) 13. BIRTHPLACE OF MOTHER III. (city or town) 14. Informant J. R. Hinshaw (State or country) (State or cou | 5a. If married, widowed, or divorced | MEREBY CERTIFY, That I attended deceased for |
| that list saw hit a silveby 1. 1895 7. AGE Year Months Days To LESS than 1 day | | 10-11-19 10 10-25 15 |
| 7. AGE Years Months Days The LESS than I day have min. 8. OCCUPATION OF DECRASED (a) Trade, profession, or BOOKEKCETTER (b) General nature of Industry, business or establishment in which employed (or employed) (c) Name of employer (d) Trade, profession, or BOOKEKCETTER (b) General nature of Industry, business or establishment in which employed (or employer) (c) Name of employer 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER TIl. (State or country) (State or country) 12. MAIDEN NAME OF MOTHER Emma A. Grisson 13. BIRTHPLACE OF MOTHER TIl. (State or country) 12. MAIDEN NAME OF MOTHER Emma A. Grisson 13. BIRTHPLACE OF MOTHER TIl. (State or country) (State or country) (State or country) 14. Informant J. R. Hinshaw (Address) 707 So. 1st. Av. (Address) 707 So. 1st. Av. Breghton, Colo. 10/26/29 | | that I last saw hi has alivebn 10-2-2-19 |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or Bookekeever (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) Sciiola (State or country) IOWA 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (city or town) 12. MAIDEN NAME OF MOTHER EMMB A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) 14. (State or country) 15. R. Hinshaw 16. Grisson 17. R. Hinshaw 18. Where was disease contracted if not at place of death? Contracted if not at place | | and that death occurred, on the date stated above, at |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or BOOKEKECTER (b) General nature of industry, business or cetablishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) Sciiola (State or country) IOWA 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (State or country) 12. MAIDEN NAME OF MOTHER FIRMS A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) (State or country) 14. Informant J. R. Hinshaw (Address) 707 So. 1st. Av. Bræghton, Colo. 10/26/29 | 34 day hrs. | Luly on and the territories |
| (a) Trade, profession, or BOOKEKETTER particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) Sciiola (State or country) Towa 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (State or country) 12. MAIDEN NAME OF MOTHER FIMMA A. Grisson (State or country) (State or country) (City or town) (State or country) 13. BIRTHPLACE OF MOTHER III. (City or town) (State or country) 14. Informant J. R. Hinshaw (Address) 707 So. 1st. Av. Breghton, Colo. Breghton, Colo. 10/26/29 | | Natural to |
| (b) General nature of industry, business or cestablishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) Sellola (State or country) IOWA 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (State or country) 12. MAIDEN NAME OF MOTHER FAMING A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) 14. Informant J. R. Hinshaw (Address) 707 So. 1st. Av. Breghton, Colo. 10. PLACE OF BURIAL, CREMATION OR DATE OF BURIAL CREMATION OR DATE OF BURIAL CREMATION. | , | La Marie Con |
| business or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town). Seliola 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (State or country) 12. MAIDEN NAME OF MOTHER FAMMA A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) 14. Informant J. R. Hinshaw (Address) 707 So. 1st. Av. Breghton, Colo. Breghton, Colo. Breghton, Colo. 10. NAME OF MOTHER III. (Secondary) (Guration) yrs. mos. (Guration) yrs. mos. (Secondary) (Burling (Guration) yrs. mos. (Secondary) (Secondary) (Was there was disease contracted if not at place of death? Information precede de | | |
| (c) Name of employer 9. BIRTHPLACE (city or town) Sellola (State or country) Iowa 10. NAME OF FATHER J. R. Hinshaw (State or country) (State or country) 11. BIRTHPLACE OF FATHER Ill. (city or town) (State or country) 12. MAIDEN NAME OF MOTHER Fimma A. Grisson 13. BIRTHPLACE OF MOTHER Ill. (city or town) (State or country) 14. Informant J. R. Hinshaw (Address) 707 So. 1st. Av. (Converse of death? Lo Date of Was there an autopsy? (Signed) (Signed) (Signed) (State or country) 1922 (Address) 7 Combined (Address) 7 Comb | business or establishment in | |
| (State or country) IOWA 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER [State or country) (State or country) 12. MAIDEN NAME OF MOTHER [III. (State or country) (State or country) (State or country) (State or country) 13. BIRTHPLACE OF MOTHER [III. (State or country) 14. Informant [III. (State or country) (State or country) 15. Hinshaw (Causes, state (1) Means and Nature of Injury, and (2) whether dental, Suicidal, or Homicidal. (See reverse side for additional space) 16. PLACE OF BURIAL, CREMATION OR DATE OF BURIAL (Address) 707 So. 1st. Av. Breghton, Colo. 10/26/29 | | |
| 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (State or country) 12. MAIDEN NAME OF MOTHER FIRMS A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) (State or country) 14. Informant J. R. Hinshaw (Address) 707 So. 1st. Av. Breghton, Colo. Breghton, Colo. 10. NAME OF FATHER J. R. Hinshaw (Removal Breghton, Colo. 10. NAME OF FATHER J. R. Hinshaw (State or country) 11. BIRTHPLACE OF MOTHER FIRMS A. Grisson (Signed) House of death? Colo. (Signed) Was there an autopay? (Signed) House of Address of Tolor of | | (Secondary) |
| 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (State or country) 12. MAIDEN NAME OF MOTHER FIRMS A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) 14. Informant J. R. Hinshaw (Address) 707 So. 1st. Av. Did an operation precede death? L.O. Was there an autopsy? What test confirmed diagnosis? Subturn (Signed) H. L. C. Address of T. Address of | S. DIN THE LACE (day of WWII) | |
| 11. BIRTHPLACE OF FATHER III. (State or country) (State or country) 12. MAIDEN NAME OF MOTHER FIRMS A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) (State or country) (State or country) 14. Informant I. R. Hinshaw (Address) 707 So. 1st. Av. Breghton, Colo. Breghton, Colo. | S. DINTILL DAGS (day or town) | (duration)yrsmos18. Where was disease contracted |
| (State or country) (State or do Disease Causing Death, or in daths from Vic Causes, state (1) Mcans and Nature of Injury, and (2) whether dental, suicidal, or Homicidal. (See reverse side for additional special form) (Address) (Add | (State or country) Iowa | 18. Where was disease contracted if not at place of death? |
| 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) 14. Informant I. R. Hinshaw (Address) 707 So. 1st. Av. (Address) 707 So. 1st. Av. Brighton, Colo. 10/26/29 | (State or country) IOWA 10. NAME OF FATHER J. R. Hinshaw | (duration) yrs. mos. 18. Where was disease contracted if not at place of death? Did an operation precede death? |
| 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) 14. Informant I. R. Hinshaw (Address) 707 So. 1st. Av. (Address) 707 So. 1st. Av. Brighton, Colo. 10. Causes, state (1) Means and Nature of Injury, and (2) whether dental, suicidal, or Homicidal. (See reverse side for additional special special suicidal). (Address) 707 So. 1st. Av. Brighton, Colo. 10/26/29 | (State or country) 10. NAME OF FATHER J. R. Hinshaw | (duration) yrs. mos. 18. Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopay? |
| 14. Informant J. R. Hinshaw 19. PLACE OF BURIAL, CREMATION OR DATE OF BURIAL (Address) 707 So. 1st. Av. Breghton, Colo. 10/26/29 | (State or country) 10. NAME OF FATHER 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (State or country) (State or country) | (duration) yrs. mos. 18. Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis? |
| 14. Informant J. R. Hinshaw 19. PLACE OF BURIAL, CREMATION OR DATE OF BURIAL (Address) 707 So. 1st. Av. Breghton, Colo. 10/26/29 | (State or country) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (State or country) (State or country) | — (duration) — yrs. — mos. 18. Where was disease contracted if not at place of death? Did an operation precede death? — Date of Was there an autopsy? — What test confirmed diagnosis? — What test confirmed diagnosis? — (Signed) — North of Maddrey 1924 (Addrey) 7 7 9 or March of Maddrey 1924 (Addrey) 7 7 9 or March of Maddrey 1924 (Addrey) 1924 (Addr |
| Informant J. R. Hinshaw REMOVAL REMOVAL (Address) 707 So. 1st. Av. Breghton, Colo. 10/26/29 | (State or country) IOWA 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER (State or country) 12. MAIDEN NAME OF MOTHER EMMA A. Grisson 13. BIRTHPLACE OF MOTHER 11.1. | — (duration) yrs, mos. 18. Where was disease contracted if not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? Shallow (Signed) 1924 (Address) 7 7 9 or why of the confirmed diagnosis? |
| 10/26/29 Bregnton, Colo. 10/26/29 | (State or country) 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (State or country) 12. MAIDEN NAME OF MOTHER FAMMA A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) | — (duration) — yrs. — mos. 18. Where was disease contracted if not at place of death? Did an operation precede death? — Date of Was there an autopsy? — What test confirmed diagnosis? — What test confirmed diagnosis? — (Signed) — North of Maddrey 1924 (Addrey) 7 7 9 or March of Maddrey 1924 (Addrey) 7 7 9 or March of Maddrey 1924 (Addrey) 1924 (Addr |
| 7.0 (0.45) (0.0 | (State or country) IOWA 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (State or country) 12. MAIDEN NAME OF MOTHER EMMA A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) | Guration yrs. mos. |
| | (State or country) 10. NAME OF FATHER J. R. Hinshaw 11. BIRTHPLACE OF FATHER III. (State or country) 12. MAIDEN NAME OF MOTHER EMMA A. Grisson 13. BIRTHPLACE OF MOTHER III. (State or country) (State or country) 14. Informant J. R. Hinshaw | Guration yrs. mos. |